

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1/2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

DOCUMENT # P95000057914

1. Corporation Name

SOUTHEAST COMMUNICATION NETWORK SERVICES, INC.

Principal Place of Business

4551 NORTHWEST 44TH AVE
OCALA FL 34482
US

Mailing Address

4551 NW 44TH AVENUE
OCALA FL 34482
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3404716

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	MOSIEUR, JAMES P	3268 NW 68TH AVENUE	OCALA FL 34482
P	ALLCOTT, HENRY F.	2623 SE 27TH STREET	OCALA FL 34471

000009508990
12/13/02--01084--001 **150.00

000009508990
12/13/02--01084--002 **8.75

8. Name and Address of Current Registered Agent

MOSIEUR, JAMES P.
3268 NW 68TH AVENUE
OCALA FL 34482

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/11/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HENRY F. ALLCOTT 12/11/02 (352) 369-3888

CR2E040 (802)

Southeast Communication Network Services, Inc.

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Southeast Communications Network Services, Inc.
#P95000057914

Honorable Secretary of State:

Enclosed is our application for reinstatement and the UBR filing fee for the 2002 Corporation Annual Report/Uniform Business Report.

We also certify that we did not receive the prior UBR notice and kindly request that the reinstatement fee be waived.

Thanks for your assistance.

Sincerely,



James P. Mosieur
CEO